

Form VRS **Vehicle Rental Transaction Contract Surcharge**

Massachusetts Department of

| WINT OF BE | for Vehicle Rental Contracts Executed in Revere | Revenue | | |
|-----------------------------|---|----------------------|--|--|
| This return is due on or be | fore the 20th day of the month following the close of each calendar quarter. For the quarter en | ding | | |
| Name | Federal Ide | dentification number | | |
| | > | | | |
| Address | | | | |

| Name | | | Federal Identification number | |
|--|-------------------------------|--|-------------------------------------|-----------------------------|
| | | | • | |
| Address | | | | |
| | | | | |
| City/Town | City/Town code | State | Zip | |
| | 248 | | | |
| | | | | |
| Vehicle Rental Transactio | n Contract Su | rcharge | | |
| 1 Total number of vehicle rental contracts execution | uted in Revere in calenda | r quarter | ▶ 1 | |
| 2 Total number of exempt vehicle rental contract | cts. See below | | ▶ 2 | ? |
| 3 Total number of vehicle rental contracts subje | ect to surcharge. Subtract | line 2 from line 1 | 3 | 3 |
| 4 Surcharge rate (\$10.00) | 4 | \$ 10.00 | | |
| 5 Surcharge amount due. Multiply line 3 by line | | \$ | | |
| 6 Penalties | ▶6 | \$ | | |
| 7 Interest | | | ≻7 | \$ |
| 3 Total amount due. Add lines 5 through 7 | ▶8 | \$ | | |
| include in line 1 contracts to U. S. government a | nd/or its instrumentalities | and contracts to foreign diplomats and/o | or consular pers | onnel. |
| 3 · · · · · · · · · · · · · · · · · · · | | 3 · F · · · · · · · · · · · · · · · · · | | |
| Declaration | | | | |
| The undersigned certifies under the penalties | s of periury that all item | s and statements herein contained ar | e true and acci | urate in every particular. |
| Signature of authorized officer | o or porjury triat air itorii | Date | Phone number | arato iii ovory particulari |
| Signature of dutionized emoci | | Buto | T HOHO HUMBOI | |
| Preparer's signature and SSN or PTIN | Date | Check if self-employed | oyed Employer Identification number | |
| • | | . , | | |
| Firm name (or yours, if self-employed) and address | City/town | | State | Zip |
| | | | | |

File this return and payment in full with: Massachusetts Department of Revenue, Revenue Accounting Unit, PO Box 7008, Boston, MA 02204. Make check or money order payable to: Commonwealth of Massachusetts.

Privacy Act Notice

Under the authority of 42 U.S.C. sec. 405(c)(2)(C)(i), and M.G.L. c. 62C, sec. 5, the Department of Revenue has the right to require an individual to furnish his or her Social Security number on a state tax return. This information is mandatory. The Department of Revenue uses Social Security numbers for taxpayer identification to assist in processing and keeping track of returns and in determining and collecting the proper amount of tax due. Under M.G.L. c. 62C, sec. 40, the taxpayer's identifying number is required to process a refund of overpaid taxes. Although tax return information is generally confidential pursuant to M.G.L. c. 62C, sec. 21, the Department of Revenue may disclose return information to other taxing authorities and those entities specified in M.G.L. c. 62C, secs. 21, 22 or 23, and as otherwise authorized by law.